



City of Cincinnati
Buildings and Inspections Department
Plumbers Board of Examiners
805 Central Avenue, Suite 500
Cincinnati, Ohio 45202
(513)352-3280 Fax: (513)352-1598

APPROVED: _____
REJECTED: _____
PRACTICAL: _____
NO PRACTICAL: _____

This application will be reviewed by the Plumbers Board of Examiners. The applicant will be notified via mail, the time and place of the examination. The examination will be based on the most current plumbing code.

Applicant Name _____
Street Address _____
City _____ **State** _____ **Zip** _____
Phone Business _____ Home _____ Cell _____
Email Address _____

Apprentice School	
School Name _____	
Dates Attended	From: _____ To: _____
<i>**Please enclose a copy of the Certificate of Completion or a letter of completion from the apprenticeship school**</i>	
Journeyman License	
City/State	License No: _____
Dates Held	From: _____ To: _____
<i>**Please enclose a copy of the current license and original certificate**</i>	
Master License	
City/State	License No: _____
Dates Held	From: _____ To: _____
<i>**Please enclose a copy of the current license and original certificate**</i>	
Current Employer	Phone _____
Street Address _____	
City	State _____ Zip _____

I, the undersigned, do hereby certify that the information supplied on this application is true and correct, to the best of my knowledge. In accordance with 1105-21 of the Cincinnati Building Code, I hereby make application for examination for certification as Journeyman Plumber:

APPLICANT SIGNATURE: _____